



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name D. H. metals	Location 1002 asucgo st. uter	Date 4/9/87																					
Facility Equipment	Detex Clock 1	Weapon No. —	Holster —	Nightstick —	Raincoat 1	Flashlight 1	Other gate, Trailer keys, phone																	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) otc Del Vecchio		Officer—Swing Shift (Name) otc R. Dealing		Officer—Grave Shift (Name) Dick Kokoszki																		
Shift Began 8:00 AM-PM Ended 4:00 AM-PM		Shift Began 4:00 AM-PM ended 12:00 AM-PM		Shift Began 12:00 AM-PM Ended 8:00 AM-PM																				
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation															
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	as required		<input checked="" type="checkbox"/>	LIGHTS off AT 6:30AM																
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Remarks																								
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																								
1. Were you injured during this tour?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No
Signatures	1	Del Vecchio						1	R. Dealing						1	Dick Kokoszki								
Signatures	2							2							2									
Signatures	3							3							3									

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